



United States Department

Attachment C

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OFFICE OF THE SECRETARY
WASHINGTON, D.C. 20240

APR 16 1981

Honorable Alex G. Fremling
Acting Assistant Secretary for
Environmental Protection,
Safety, and Emergency Preparedness
Department of Energy
Washington, D.C. 20585

Dear Mr. Fremling:

Thank you for your letter of March 27, 1981, on the matter of medical costs associated with non-radiation related medical conditions among the Rongelap and Utirik people.

We realize that this matter has been the subject of several discussions in the past, but unfortunately circumstances are such that resolution to the satisfaction of all concerned does not appear possible until the adoption of a health plan pursuant to Public Law 96-205.

We understand the reasons why the visiting Brookhaven National Laboratory and contractor physicians on the Rongelap and Utirik medical surveys have felt it necessary in the past to refer non-radiation related medical cases to Honolulu. At times there have undoubtedly been emergency conditions that warranted such action. Additionally, the Majuro Hospital obviously did not have the capability to treat certain patients.

The fact remains, however, that the Marshall Islands Government has the responsibility for providing regular medical care to its citizens. The Marshall Islands Government receives approximately \$2 million a year in Federal funds specifically for health services, as part of its annual grant-in-aid from the Office of the High Commissioner. In the FY 82 budget year, the health operation allocation for the Marshall Islands is set at \$2,075,000. Of this amount, \$378,000 is earmarked for outside referral costs. Additionally, the Government of the Marshall Islands appropriates funds from local revenues for medical referral costs, since for the last several years these referral costs often have exceeded \$500,000. There also has been local criticism of the use of the medical referral program, and this led to the establishment

of a Medical Referral Board that now screens and approves all referrals. But the point of major, current importance is that the Marshall Islands Government has funds for outside referral costs. If emergency situations result and the fund is exhausted, additional funds could be made available to this account by reprogramming or by special appropriations of the Marshall Islands Legislature, the Nitijela.

The Majuro Hospital now is run by a medical care contractor. Part of the contract calls for up-grading of medical staff at the Majuro Hospital, and specialized staff is being made available. Conditions are improving at the Majuro Hospital. Obviously, a Rongelapese who requires emergency open-heart surgery would have to be referred to Honolulu, but this also would be the case for any Marshallese individual in a similar condition regardless of residence.

The Bikini situation you cite is unique in that the agreement to provide special medical care was connected with the emergency evacuation of the group of 144 Bikinians from Bikini Island in August of 1978. These individuals believed that they had received contamination by living on Bikini Island, and the agreement was made under these very special circumstances. It did not provide for special medical coverage for Bikinians who were living on Kili Island or elsewhere in the Marshall Islands.

Until a special comprehensive health care program is in effect pursuant to P.L. 96-205, non-radiation related medical cases that require treatment should be referred to the appropriate medical authorities in Majuro. The Medical Review Board there has the authority to refer cases that cannot be treated locally to Honolulu.

Sincerely yours,
(Signed)

Billy Lee Hart
Acting Deputy Assistant
Secretary - Operations
Territorial and International Affairs